CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

N: 032612

NOTICE OF VIOLATION

Date of Violation	Time	Day of Week	MD	CD
05/02/07	10:00 [X] AM [ ] PM	S M T (W) T F S	213	11

Name (First, Middle, Last): WELLS, EUGENE H. & MARTHA K.

Address: 521 N. SAUTAIR AVENUE

City: LOS ANGELES State: CA Zip Code: 90049

Driver's Lic./ID No. | State | Class | Age | Birth Date / /

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. OVERGROWN VEGETATION
2. LAMC 56.08 OBSTRUCTIONS
3. FAILURE TO COMPLY WITH THE COMMUNITY ENHANCEMENT LETTER THAT WAS ISSUED ON 04/13/2007.

[X] See Reverse Side for Violation

Location of Violation(s): 521 N. SAUTAIR AVE. ON BENMORE TER

Violation Noticed was: [ ] Posted [ ] Hand Served [X] Mailed

Comments

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Investigator: Au

Serial Number: 69329

Investigator Telephone Number: (213) 847-6044

Office Hours: 7 am - 8 am :30 pm - 3:30 pm

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature

YOU ARE REQUIRED TO:

[ ] COMPLY WITH THIS NOTICE AT ONCE

[ ] COMPLY WITH THIS NOTICE WITHIN _____ DAYS FROM THE DATE SHOWN ABOVE.

[X] APPEAR FOR A HEARING ON JUNE 01, 2007 AT 1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN 8AM AND 9AM

[ ] PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
BUREAU OF STREET SERVICES. INVESTIGATION AND ENFORCEMENT DIVISION
1149 S. BROADWAY, SUITE 350
LOS ANGELES, CA 90015

FAILURE TO COMPLY WITH THIS NOTICE MAY RESULT IN FURTHER LEGAL, AND/OR CITY ACTION AT THE PROPERTY OWNERS EXPENSE.

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

N: 032583

NOTICE OF VIOLATION

Date of Violation	Time	Day of Week	MD	CD
04/06/07	11:45 [X] AM [ ] PM	S M T (W) T F S	213	11

Name (First, Middle, Last): OWNER OF BICYCLE

Address: @ NW CORNER SANTA MONICA & BRACKTEN

City: LOS ANGELES State: CA Zip Code: 90015

Driver's Lic./ID No. | State | Class | Age | Birth Date / /

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. BICYCLE TILLEGALLY CHAINED TO POST
2. LAMC 56.08 - OBSTRUCTIONS
3. REMOVE THE BICYCLE THAT IS ILLEGALLY CHAINED TO STREET SIGN POST

[X] See Reverse Side for Violation

Location of Violation(s): NW CORNER OF SANTA MONICA & BRACKTEN

Violation Noticed was: [X] Posted [ ] Hand Served [ ] Mailed

Comments

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

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Serial Number: 69329

Investigator Telephone Number: (213) 847-6044

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[ ] COMPLY WITH THIS NOTICE WITHIN _____ DAYS FROM THE DATE SHOWN ABOVE.

[ ] APPEAR FOR A HEARING ON _____ AT 1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____

[ ] PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
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LOS ANGELES, CA 90015

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